

A000000546

1

PASS SIGN IN SHEET
12/20/01
CASE/DONCH

1.

2.

No Call — 3.

4.

absent
from
PASS
7.

8.

9.

10.

11.

12.

13.

No Call — 14.

15.

No Call — 16.

17.

18.

19.

20.

21.

E 000000078

A000000547

2

22. L. , K [REDACTED] K [REDACTED] L

23.

24

25

26.

27.

28.

29. P: , R [REDACTED] Released

30.

31.

32.

33.

34.

35.

36.

37.

38.

SATURDAY:

1.

2.

3.

4.

5.

E 000000079

A000000548

2

22. L [REDACTED] K [REDACTED] K [REDACTED] L [REDACTED]

23.

24.

25.

26.

27.

28. 

29. P [REDACTED] R [REDACTED] *Released*

30.

31.

32.

33.

34. 

35. 

36.

37.

38.

SATURDAY:

1.

2.

3.

4.

5.

E 000000079

12

PENGAD 800-631-6989

Date: 1-8-02

~~E 000002244~~

BH Specialist: Chris Auhl School: SV Date: 1-9-02

	Name	Length
1.	R. [redacted] A. [redacted]	30 min
2.	K. [redacted] A. [redacted]	45 min
3.	[redacted]	
4.		
5.		

	Name	Length
6.		
7.		
8.		
9.		
10.		

	Name of Group	Number Attended	Length
1.			
2.			
3.			

	Name of Group	Number Attended	Length
4.			
5.			
6.			

	Name	Subject	Length
1.	Gatekeeping	Wrgn	2 hrs.
	ABP		2.5 hrs.
3.	Mrs. Dillon	consult	30 min
4.	Ms. Cappa	ABP	45 min

	Name	Subject	Length
5.			
6.			
7.			
8.			

	Description	# Attended	Length
1.			
2.			
3.			

	Description	# Attended	Length
4.			
5.			
6.			

[illegible]

BH Specialist: Chris Euhl School: SV Date: 1-10-02

Individual Appointments		Individual Appointments	
	Name		Name
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Support Groups			Support Groups				
	Name of Group	Number Attended	Length		Name of Group	Number Attended	Length
1.				4.			
2.				5.			
3.				6.			

Planned meetings with parents/agencies/school staff					
	Name	Subject	Length		
1.	Core Team		60min	5.	Mrs. A-Bello
2.	Mr. A [redacted]	R [redacted]	2 hrs.	6.	GETAC
3.	Mrs. L [redacted]	R [redacted]	30 min	7.	Mrs. Hearn
4.	Ms. Woods	Crisis	3 hrs.	8.	

Presentations/trainings conducted by BH Specialist			Presentations/trainings conducted by BH Specialist		
Description	# Attended	Length	Description	# Attended	Length
1.			4.		
2.			5.		
3.			6.		

Informal consultations (place X in top box for each consult. and write length of consult in bottom box)											Total
Parents											
Agency											
Teachers/Nurse/ Other School Staff											
Administrators											
Guidance Counselors											
Students											

E 000002248

See incident reports

SAP Daily Report Form

BH Specialist: Chris Euhl School: SV Date: 1-11-02

Individual Appointments		Name		Length	
1.					
2.					
3.					
4.					
5.					

Name		Length	
6.			
7.			
8.			
9.			
10.			

Support Groups					
	Name of Group	Number Attended	Length		
1.				4.	
2.				5.	
3.				6.	

Planned meetings with parents/agencies/school staff					
	Name	Subject	Length		
1.	Discharge Meeting	MCH-Long	2 hrs.	5.	Jim Perleto
2.	Time	Long	45 min	6.	
3.	Ms. Woods	Crisis	2 hrs.	7.	
4.	Mr. Hart	Crisis	45 min	8.	

Presentations/trainings conducted by BH Specialist			Presentations/trainings conducted by other staff		
Description	# Attended	Length	Description	# Attended	Length
1.			4.		
2.			5.		
3.			6.		

[illegible]

Student Assistance Program
 A000000556
 High/Middle School Student Referral Form

Student Name Rosario P. [REDACTED] Present Grade Level 7
 School Strong Vincent Date 1-8-02
 Teacher Name Mr. Bugalino Class _____

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the **observable** behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- | | |
|---|--|
| <input type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input type="checkbox"/> drop in grades | <input type="checkbox"/> fails to complete homework |
| <input type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> # _____ | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- | | |
|---|--|
| <input type="checkbox"/> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> unprepared for class | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input type="checkbox"/> denies responsibility/blames others |
| <input type="checkbox"/> seeks constant reassurance | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: _____ | |

Policy Violations/Discipline Problems

- | | |
|---|---|
| <input type="checkbox"/> vandalism | <input type="checkbox"/> detentions, # _____ |
| <input type="checkbox"/> on absent list, but in school | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone or other prohibited electronic devices | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> inappropriate dress (dress code) |
| | <input type="checkbox"/> verbally abusive towards/harasses others |

Student Assistance Program
 High/Middle School Student Referral Form

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☐ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☒ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☐ often criticizes self/others
- ☐ appears fatigued
- ☒ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☐ family stressors, explain: _____

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☐ cooperative
- ☐ can work independently
- ☐ creative
- ☐ good communication skills

- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes ☒ No ☐

It has been brought to our attention that Rachael has sudden outbursts of anger. She has had episodes where she has cut herself.

[illegible]

1-8-02. Seen for Anger Management. - RJB.
1-9-02 Follow up session but Rachel not in school.
Called home. - no answer.

RETURN TO:

Student Assistance Program Teacher Checklist

DATE: 12/4/01Responding Teacher: ScullyScience/ReadingStudent Name [REDACTED]Present Grade 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- excellent Science*
- | | |
|--|--|
| <input type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input checked="" type="checkbox"/> drop in grades <u>Science</u> | <input type="checkbox"/> fails to complete homework |
| <input type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> # <u> </u> | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input checked="" type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- not mine*
- | | |
|---|---|
| <input checked="" type="checkbox"/> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input checked="" type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> unprepared for class | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input type="checkbox"/> denies responsibility/blames others |
| <input checked="" type="checkbox"/> seeks constant reassurance | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input checked="" type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input checked="" type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: <u> </u> | |

Policy Violations/Discipline Problems

- | | |
|---|--|
| <input type="checkbox"/> vandalism | <input type="checkbox"/> detentions, # <u> </u> |
| <input type="checkbox"/> on absent list, but in school | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone or other prohibited electronic devices | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> inappropriate dress (dress code) |
| | <input type="checkbox"/> verbally abusive towards/harasses others |

- has skipped w/ her friend

Student Assistance Program Teacher Checklist

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☒ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☐ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☐ often criticizes self/others
- ☐ appears fatigued
- ☐ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☒ family stressors, explain: brother problem

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☒ cooperative
- ☒ can work independently
- ☐ creative
- ☐ good communication skills

- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes ☒ No ☐

can be depressed
was very upset in class yesterday
did not walk - sat w/ her head
down very upset about being in
class - her perception of what
is happening is not what it is
7 years old
involent
not in
school
12/9/04
w/ no
memory
of
the
event

RETURN TO:

Student Assistance Program Teacher Checklist

Scully

DATE: 12/4/01

Responding Teacher: Manis

Student Name: [REDACTED]

Present Grade: 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- | | |
|---|--|
| <input checked="" type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input checked="" type="checkbox"/> drop in grades | <input type="checkbox"/> fails to complete homework |
| <input type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> # _____ | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- | | |
|---|--|
| <input checked="" type="checkbox"/> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> unprepared for class | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input type="checkbox"/> denies responsibility/blames others |
| <input type="checkbox"/> seeks constant reassurance | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: _____ | |

Policy Violations/Discipline Problems

- | | |
|---|---|
| <input type="checkbox"/> vandalism | <input type="checkbox"/> detentions, # _____ |
| <input type="checkbox"/> on absent list, but in school | <input checked="" type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone or other prohibited electronic devices | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> inappropriate dress (dress code) |
| | <input type="checkbox"/> verbally abusive towards/harasses others |

cafeteria incident
NAME causing

Student Assistance Program
Teacher Checklist

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☐ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☐ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☐ often criticizes self/others
- ☐ appears fatigued
- ☐ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☐ family stressors, explain: _____

Special Skills/Characteristics (strengths)

- ☒ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☒ cooperative
- ☒ can work independently
- ☒ creative
- ☐ good communication skills

- ☐ displays good logic/reasoning skills
- ☒ works well in a group
- ☒ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Attendance problems

Would you like to discuss this student with the SAP Team? Yes _____ No _____

RETURN TO:

Student Assistance Program Teacher Checklist

DATE: 12/14/01Responding Teacher: GrayStudent Name Rachel P. [REDACTED]Present Grade 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- | | |
|---|--|
| <input type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input type="checkbox"/> drop in grades | <input type="checkbox"/> fails to complete homework |
| <input checked="" type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> # _____ | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- | | |
|---|---|
| <input type="checkbox"/> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input checked="" type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> unprepared for class | <input checked="" type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input type="checkbox"/> denies responsibility/blames others |
| <input checked="" type="checkbox"/> seeks constant reassurance | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input checked="" type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: _____ | |

Policy Violations/Discipline Problems

- | | |
|---|---|
| <input type="checkbox"/> vandalism | <input type="checkbox"/> detentions, # _____ |
| <input type="checkbox"/> on absent list, but in school | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone or other prohibited electronic devices | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> inappropriate dress (dress code) |
| | <input type="checkbox"/> verbally abusive towards/harasses others |

Student Assistance Program Teacher Checklist

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☒ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☐ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☒ often criticizes self/others
- ☐ appears fatigued
- ☒ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☒ expresses feelings of hopelessness, worthlessness, helplessness
- ☒ family stressors, explain: Very poor

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☐ cooperative
- ☒ can work independently
- ☐ creative
- ☒ good communication skills

- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes ☒ No ☐

RETURN TO:

Student Assistance Program
Teacher Checklist

Scully

DATE: 12/14/01

Responding Teacher: Valli

Student Name

Present Grade

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- 12% ☒ present subject letter grade
☒ drop in grades
☒ fails to complete in-class assignments

☐ verbalizes disinterest in academic performance
☒ has difficulty retaining new or recent information
☐ poor motor skills
☒ fails to complete homework
☐ reads below grade-level
☒ poor test scores
☒ does not take advantage of extra assistance offered/available

Behavioral Observations

- ☒ decrease in classroom participation
☒ cutting class
☐ cheating
☐ sleeping in class
☒ unprepared for class
☐ loss of eligibility
☐ seeks constant reassurance
☐ involvement in theft (student reports)
☐ runaway (student reports)
☐ selling drugs (student reports)
☐ inappropriate sexual verbalization
☐ expresses involvement in hate groups
☐ refusal to go home (student reports)
☐ missed practice
☐ short attention span, explain:
☒ tardiness
☐ dropped out
☐ lying
☐ difficulty making decisions
☒ easily distractible
☐ denies responsibility/blames others
☐ openly expresses drug use (student reports)
☐ large amounts of money
☐ unwilling to change attire for PE
☐ expresses involvement in the occult
☐ hangs around school for no apparent reason
☐ repeated visits to restroom, health office, counselor, etc.

Policy Violations/Discipline Problems

- ☐ vandalism
☐ on absent list, but in school
☐ carrying a weapon, beeper, cell phone or other prohibited electronic devices
☐ repeated violation of rules
☐ detentions, #
☐ obscene language or gestures
☐ wears drug/alcohol clothing
☐ inappropriate dress (dress code)
☐ verbally abusive towards/harasses others

Student Assistance Program Teacher Checklist

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☐ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☐ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☐ often criticizes self/others
- ☐ appears fatigued
- ☐ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☐ family stressors, explain: _____

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☐ cooperative
- ☐ can work independently
- ☐ creative
- ☐ good communication skills

- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes X No _____

states can't see but rarely wears glasses

Student Assistance Program Teacher Checklist

DATE: 12/4/01Responding Teacher: AKFStudent Name [REDACTED]Present Grade 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- | | |
|--|--|
| <input type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input type="checkbox"/> drop in grades | <input type="checkbox"/> fails to complete homework |
| <input checked="" type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <u># Participation in P.E.</u> | <input type="checkbox"/> poor test scores |
| <input checked="" type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- | | |
|---|--|
| <input checked="" type="checkbox"/> <u>NO</u> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input checked="" type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input checked="" type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input type="checkbox"/> difficulty making decisions |
| <input checked="" type="checkbox"/> unprepared for class / Dress | <input checked="" type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input checked="" type="checkbox"/> denies responsibility/blames others |
| <input type="checkbox"/> seeks constant reassurance | <input checked="" type="checkbox"/> openly expresses drug use (student reports) - <u>Smoking Cigs.</u> |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input checked="" type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input checked="" type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: <u> </u> | |

Policy Violations/Discipline Problems

- | | |
|---|--|
| <input type="checkbox"/> vandalism | <input checked="" type="checkbox"/> detentions, # <u>3</u> |
| <input type="checkbox"/> on absent list, but in school | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone or other prohibited electronic devices | <input type="checkbox"/> wears drug/alcohol clothing |
| <input checked="" type="checkbox"/> repeated violation of rules | <input type="checkbox"/> inappropriate dress (dress code) |
| | <input checked="" type="checkbox"/> verbally abusive towards/harasses others |

Student Assistance Program Teacher Checklist

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns with personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☒ easily influenced by others

- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☒ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☒ often criticizes self/others
- ☐ appears fatigued
- ☐ easily frustrated
- ☐ expresses fear/anxiety of: _____

- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☒ family stressors, explain: mom lost her job, mom was very ill

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☐ cooperative
- ☐ can work independently
- ☐ creative
- ☐ good communication skills

- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes ☒ No ☐

* Have given detentions, have made phone calls have spoken with parent (Dad), have supplied gym cloth - still - newly changed or participates

Student Assistance Program Counselor Checklist

DATE: 12/4/01 Counselor Name: Buttline

Student Name [REDACTED] [REDACTED] Present Grade 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information (attach copy of report card)

- | | |
|---|---|
| <input type="checkbox"/> year-to-year pattern of change in grades | <input type="checkbox"/> academic performance is not commensurate with standardized test scores |
| <input type="checkbox"/> frequently changed schools | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> verbalized disinterest in academic performance | <input type="checkbox"/> special education student |
| <input type="checkbox"/> new student | <input type="checkbox"/> receives chapter 1 reading/math |
| <input type="checkbox"/> previous retention | |
| <input type="checkbox"/> recently referred for MDE/school psych. | |

Behavioral Observations

- | | |
|---|--|
| <input type="checkbox"/> cheating | <input type="checkbox"/> loss of eligibility |
| <input type="checkbox"/> difficulty making decisions | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> denies responsibility/blames others | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> repeated visits to counselor's office |
| <input type="checkbox"/> expresses involvement in hate groups | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> short attention span, explain: _____ | <input type="checkbox"/> verbally abusive towards/harasses others |
| _____ | |
| _____ | |

Emotional Observations

- | | |
|--|--|
| <input type="checkbox"/> cries often | <input type="checkbox"/> suicide note |
| <input type="checkbox"/> expresses desire to die (student reports) | <input type="checkbox"/> expresses desire to join someone who has died |
| <input type="checkbox"/> sudden outbursts of anger | <input type="checkbox"/> expresses desire to punish or gain revenge via deadly means |
| <input type="checkbox"/> suicide threat or gesture | <input type="checkbox"/> recent death of a family member or close friend (student reports) |
| <input type="checkbox"/> dramatic or sudden change in behavior | <input type="checkbox"/> expresses feelings of hopelessness, worthlessness, helplessness |
| <input type="checkbox"/> easily frustrated | |
| <input type="checkbox"/> often criticizes self/others | |
| <input type="checkbox"/> appears fatigued | |
| <input type="checkbox"/> expresses fear/anxiety of: _____ | |
| _____ | |

Student Assistance Program Counselor Checklist

Family Concerns

☐ recent divorce/separation
☐ job loss of family member
☐ family stressors, explain: _____

☐ expresses anger towards parent(s)
☐ conflicts with siblings (student reports)
☐ absence of caregiver, explain: _____

Physical Observations

☐ unsteady on feet
☐ glassy/bloodshot eyes
☐ frequent cold-like symptoms
☐ slurred speech
☐ self abuse
☐ appears disoriented
☐ frequently expresses concerns
 with personal health

☐ complains of nausea
☐ unexplained physical injury
☐ smells of alcohol/marijuana
☐ noticeable change in weight
☐ poor hygiene
☐ food issues, explain _____

Peer Interaction Observations

☐ disliked by peers
☐ hits or pushes others
☐ disturbs other students
☐ easily influenced by others

☐ older/younger social group
☐ fighting
☐ loner
☐ change in friends

Special Skills/Characteristics (strengths)

☐ demonstrates a desire to learn
☐ helps others in class
☐ leader
☐ cooperative
☐ can work independently
☐ creative
☐ good communication skills

☐ displays good logic/reasoning skills
☐ works well in a group
☐ considerate of others
☐ enthusiastic
☐ participates in extra-curricular activities
☐ can accept re-direction (criticism)
☐ accepts responsibility

Other Information

☐ involvement with community-based
 agencies, list: _____

☐ currently involved with outside
 counseling
☐ previously involved with outside
 counseling
☐ receives community-based services in
 school

Would you like to discuss this student with the SAP Team? Yes _____ No _____

Additional Comments:

Has not been in our office

4009909571
Student Assistance Program
School Nurse Checklist

DATE: 12/4/01 Name of School Nurse D. J. D.

Student Name [REDACTED] Present Grade 7

General Medical Information

Number of visits to nurses office: 1

Reason(s)/summary: injury

Medical history: _____

Significant medical condition(s): none known

Medications: none in school

Number of times sent home for illness: 1

Reason(s)/summary: _____

Number of contacts with parent(s)/guardian: _____

Reason(s)/summary: _____

Do you wish to have contact with the student's SAP case manager? Yes _____ No _____

Physical Observations

____ unsteady on feet
____ complains of nausea
____ glassy/bloodshot eyes
____ skin problems
____ poor motor skills
____ frequent cold-like symptoms
____ smells of alcohol/marijuana

____ frequent vomiting
____ slurred speech
____ noticeable change in weight
____ loss of hair
____ self-abuse
____ poor hygiene

Emotional Observations

____ expresses desire to die
____ expresses desire to join
 someone who has died
____ openly expresses drug/alcohol use
____ seeks constant reassurance
____ suicide threat, gesture
____ preoccupied with personal health
____ appears fatigued
____ appears disoriented
____ expresses fear/anxiety of: _____

____ food issues, explain: _____

____ expresses desire to punish or
 gain revenge via deadly means
____ dramatic/sudden change in behavior
____ cries frequently
____ lying
____ recent death of family member or
 close friend
____ expresses hopelessness, worthlessness
____ expresses feelings of helplessness
____ engages in dangerous or risk taking
 behavior
____ other family stressors, explain: _____

Additional Comments:

Little Contact

Student Assistance Program (SAP) Administrator's Checklist

DATE 1/11/01 Administrator Name Linda Cappadona
Student Name [REDACTED] Present Grade Level 7

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Attendance

Total number of days tardy: _____ Excused _____ Unexcused _____
Number of days absent: _____ Excused _____ Unexcused _____

Discipline (please attach a copy of this student's disciplinary record)

Number of detentions to date: _____ Expulsion hearing (circle one) YES NO
Number of PASS to date: 2 If yes please explain: _____
Number of OSS to date: _____

Inappropriate Behavior (check all that apply)

<input checked="" type="checkbox"/> cutting class	<input type="checkbox"/> on absent list, but not in school
<input type="checkbox"/> verbally abusive towards others	<input type="checkbox"/> wears drug/alcohol clothing
<input type="checkbox"/> sleeping in class	<input type="checkbox"/> inappropriate sexual verbalization
<input checked="" type="checkbox"/> obscene language or gestures	<input type="checkbox"/> lying
<input type="checkbox"/> hangs around school for no apparent reason	<input type="checkbox"/> repeated violation of rules
<input type="checkbox"/> physically aggressive towards others	<input type="checkbox"/> misuse of passes
	<input type="checkbox"/> insubordination to staff/teachers

Policy Violations (check all that apply)

<input type="checkbox"/> vandalism	<input type="checkbox"/> possession and/or use of tobacco
<input type="checkbox"/> carrying a weapon, beeper, cell phone	<input type="checkbox"/> possession and/or use of alcohol
<input type="checkbox"/> or other prohibited electronic devices	<input type="checkbox"/> possession and/or use of drugs
<input type="checkbox"/> involvement in theft	<input type="checkbox"/> possession and/or use of weapon
<input type="checkbox"/> selling and/or purchasing drugs	<input type="checkbox"/> assault/fighting
<input type="checkbox"/> inappropriate dress (dress code)	<input type="checkbox"/> sexual harassment
<input type="checkbox"/> threatening others by deadly means	<input type="checkbox"/> trespassing

Has this student ever been criminally charged for offenses on school property? YES NO
Please explain:

A0000000573
Student Assistance Program (SAP)
Administrator's Checklist

Other (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> expresses desire to die (student reports) | <input type="checkbox"/> expresses desire to join someone who has died |
| <input type="checkbox"/> sudden outbursts of anger | <input type="checkbox"/> expresses desire to punish or gain revenge via deadly means |
| <input type="checkbox"/> suicide threat or gesture | <input type="checkbox"/> family stressors, explain: _____ |
| <input type="checkbox"/> dramatic or sudden change in behavior | <input type="checkbox"/> expresses fear/anxiety of: _____ |
| <input type="checkbox"/> easily frustrated | <input type="checkbox"/> loss of eligibility (sports, ROTC, etc.) |
| <input type="checkbox"/> expresses feelings of hopelessness, worthlessness, helplessness | <input type="checkbox"/> smells of alcohol/marijuana |
| <input type="checkbox"/> expresses drug/alcohol use openly | |
| <input type="checkbox"/> expresses involvement in hate groups | |
| <input type="checkbox"/> Possesses large amounts of money | |

Have you had contact with parent(s)/guardian? ☒ YES ☐ NO
 Explain: called home about skipping classes

Have you had any contact with outside agencies regarding this student? YES ☐ NO ☒
 Explain: _____

Is this student currently involved with juvenile probation? YES ☐ NO ☒

Student Initiated Requests (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> schedule change | <input type="checkbox"/> agency referral |
| <input type="checkbox"/> help with a home problem | <input type="checkbox"/> help with a health problem |

Other, Explain: _____

Types of Interventions Previously Tried (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> referral for MDE or school psych. consultation | <input checked="" type="checkbox"/> individual conference |
| <input type="checkbox"/> MDT/CST meeting | <input type="checkbox"/> parent conference |
| <input type="checkbox"/> revision of NORA | <input type="checkbox"/> guidance conference |
| <input type="checkbox"/> revision of schedule | <input type="checkbox"/> student/parent/teacher conference |
| <input checked="" type="checkbox"/> suspension <u>PASS</u> | <input type="checkbox"/> teacher conference |
| <input type="checkbox"/> social services conference (i.e. wrap around) | <input type="checkbox"/> change in program |
| | <input type="checkbox"/> agency intervention |

Other, Explain: _____

Additional Comments:

Ra [redacted] has been caught skipping classes. She is usually a very quiet person. I think her peers are influencing her behavior. At the beginning of the yr, Ms Ackland asked me for T-shirts because [redacted] would be doing [redacted] much more [redacted]

A000000574

**The School District of the City of Erie
Student Assistance Program Services**

PERMISSION FORM

The purpose of the Student Assistance Program is to help address barriers to learning so children can become more successful in school. The program provides a variety of supports and services for students. The focus of this effort is to establish a partnership between the parents and school, to build the developmental assets in children that are necessary for personal wellness and school success. SAP is voluntary and confidential.

The range of SAP services include:

1. Gathering Information, Identification of Student Strengths & Needs
2. Development of Intervention Plan to Promote Student Success
3. Support and Intervention from School and Student Services Staff
4. Behavioral Health Consultation

Please sign the form below granting permission for your child to participate in the Student Assistance Program. Please check the services you are requesting and return to the School Counselor or Principal.

☒ Information gathering, Identification of Student Strengths & Needs

☒ Development of Intervention Plan to Promote Student Success

☐ Support and Intervention with School and Student Services Staff

☒ Behavioral Health Consultation & Assessment

☐ Parent/Guardian Consultation Only

☐ SAP Participation is Declined

STUDENT'S NAME: R. [REDACTED] P. [REDACTED] SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: Richard W. Polary 11-12-01
(Date)

***ALL SAP services are voluntary, confidential, and free of charge.
Parent participation is welcome and needed in the SAP process.***

Additional information regarding Child and Family Rights and Responsibilities in the Student Assistance Program is available from the school Principal and/or SAP Team.

Student Assistance Program High/Middle School Student Referral Form

Student Name R. [REDACTED] P. [REDACTED]Present Grade Level 7School SVDate 11/15/01Teacher Name ScullyClass LS Science & Reading

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans, it is crucial that you communicate any of the observable behaviors listed below. Federal regulations require that this information, if requested, will be made available to the student's parent(s) or guardian. Please place this referral in an envelope, marked confidential, and return it to the building SAP Team.

Academic Information

- | | |
|---|--|
| <input checked="" type="checkbox"/> present subject letter grade | <input type="checkbox"/> poor motor skills |
| <input type="checkbox"/> drop in grades | <input type="checkbox"/> fails to complete homework |
| <input type="checkbox"/> fails to complete in-class assignments | <input type="checkbox"/> reads below grade level |
| <input type="checkbox"/> # _____ | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> verbalizes disinterest in academic performance | <input type="checkbox"/> does not take advantage of extra assistance offered/available |
| <input type="checkbox"/> has difficulty retaining new or recent information | |

Behavioral Observations

- | | |
|---|--|
| <input type="checkbox"/> decrease in classroom participation | <input type="checkbox"/> tardiness |
| <input type="checkbox"/> cutting class | <input type="checkbox"/> dropped out |
| <input type="checkbox"/> cheating | <input type="checkbox"/> lying |
| <input type="checkbox"/> sleeping in class | <input type="checkbox"/> difficulty making decisions |
| <input type="checkbox"/> unprepared for class | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> loss of eligibility | <input type="checkbox"/> denies responsibility/blames others |
| <input type="checkbox"/> seeks constant reassurance | <input type="checkbox"/> openly expresses drug use (student reports) |
| <input type="checkbox"/> involvement in theft (student reports) | <input type="checkbox"/> large amounts of money |
| <input type="checkbox"/> runaway (student reports) | <input type="checkbox"/> unwilling to change attire for PE |
| <input type="checkbox"/> selling drugs (student reports) | <input type="checkbox"/> expresses involvement in the occult |
| <input type="checkbox"/> inappropriate sexual verbalization | <input type="checkbox"/> hangs around school for no apparent reason |
| <input type="checkbox"/> expresses involvement in hate groups | <input type="checkbox"/> repeated visits to restroom, health office, counselor, etc. |
| <input type="checkbox"/> refusal to go home (student reports) | |
| <input type="checkbox"/> missed practice | |
| <input type="checkbox"/> short attention span, explain: _____ | |

Policy Violations/Discipline Problems

- | | |
|---|---|
| <input type="checkbox"/> vandalism | <input type="checkbox"/> detentions, # _____ |
| <input type="checkbox"/> on absent list, but in school | <input type="checkbox"/> obscene language or gestures |
| <input type="checkbox"/> carrying a weapon, beeper, cell phone | <input type="checkbox"/> wears drug/alcohol clothing |
| <input type="checkbox"/> or other prohibited electronic devices | <input type="checkbox"/> inappropriate dress (dress code) |
| <input type="checkbox"/> repeated violation of rules | <input type="checkbox"/> verbally abusive towards/harasses others |

Student Assistance Program High/Middle School Student Referral Form

Physical Observations

- ☐ unsteady on feet
- ☐ glassy/bloodshot eyes
- ☐ frequent cold-like symptoms
- ☐ slurred speech
- ☐ self abuse
- ☐ appears disoriented
- ☐ frequently expresses concerns re: personal health

- ☐ complains of nausea
- ☐ unexplained physical injury
- ☐ smells of alcohol/marijuana
- ☐ noticeable change in weight
- ☐ poor hygiene
- ☐ food issues, explain _____

Peer Interaction Observations

- ☐ disliked by peers
- ☐ hits or pushes others
- ☐ disturbs other students
- ☐ easily influenced by others
- ☐ older/younger social group
- ☐ fighting
- ☐ loner
- ☐ sits alone in lunchroom

Emotional Observations

- ☐ expresses desire to die (student reports)
- ☐ sudden outbursts of anger
- ☐ suicide threat or gesture
- ☐ dramatic or sudden change in behavior
- ☐ expresses anger towards parent(s)
- ☒ often criticizes self/others
- ☐ appears fatigued
- ☐ easily frustrated
- ☐ expresses fear/anxiety of: _____
- ☐ expresses desire to join someone who has died
- ☐ expresses desire to punish or gain revenge via deadly means
- ☐ recent death of a family member or close friend (student reports)
- ☐ expresses feelings of hopelessness, worthlessness, helplessness
- ☒ family stressors, explain: brother at home is cruel to her

Special Skills/Characteristics (strengths)

- ☐ demonstrates a desire to learn
- ☐ helps others in class
- ☐ leader
- ☐ cooperative
- ☐ can work independently
- ☐ creative
- ☐ good communication skills
- ☐ displays good logic/reasoning skills
- ☐ works well in a group
- ☐ considerate of others
- ☐ enthusiastic
- ☐ participates in extra-curricular activities
- ☐ can accept re-direction (criticism)
- ☐ accepts responsibility

Additional Comments:

Would you like to discuss this student with the SAP Team? Yes ☒ No ☐

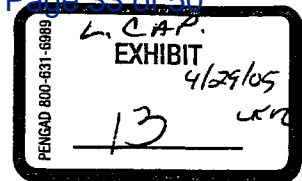
Rachel is having identity issues w/ being in 1st classes - thinking she may be stupid. A recent incident she got depressed. She had struggles in class - she gets very quiet

Closed → placed at Sarah Reed Adolescent Partial Jan. 2001
A000000577

7 ~~08~~ [A] Crisis Intervention

A. Joy - 12-20-01
Mesa, Arizona until March 2001
LS: wants more difficult work
A. likes school and several teachers
"She should have never been born"
"I feel like stabbing w/ knives"
- people she doesn't like
Pulled a knife on a boy this summer
Parents financial problems

A000000578



01-02

STRONG VINCENT HIGH SCHOOL ATTENDANCE ACCOUNTING SHEET																
Student	R. P.						HR	224	ID#	963479	DOB	88				
Adj	Day	Date	Leg	Ill	Unex	Reason	TT	Adj	Day	Date	Leg	Illeg	Unex	Reason	TT	
A	1	8/27						A	47	11/2						
B	2	8/28						B	48	11/5						
A	3	8/29						A	49	11/6						
B	4	8/30						B	50	11/17	NOTE					
A	5	9/4						A	51	11/8	NOTE					
B	6	9/5						B	52	11/9						
A	7	9/6						A	W 53	11/14						
B	8	9/7						B	R 54	11/15						8:20
A	9	9/10	X			NOTE		A	F 55	11/16						
B	10	9/11						B	M 56	11/19						8:20
A	11	9/12	X			NOTE		A	T 57	11/20		X		NO NOTE		
B	12	9/13						B	W 58	11/21						
A	13	9/14						A	T 59	11/27						
B	14	9/17						B	W 60	11/28						
A	15	9/18						A	R 61	11/29		X		NO NOTE		
B	16	9/19	X			NOTE		B	F 62	11/30						
A	17	9/20						A	M 63	12/3						
B	18	9/21						B	T 64	12/4						
A	19	9/24	X			NO NOTE		A	W 65	12/5		X		NO NOTE		
B	20	9/25						B	R 66	12/6		X		NO NOTE		
A	21	9/26						A	F 67	12/7		X		NO NOTE		
B	22	9/27						B	M 68	12/10		X		NO NOTE		
A	23	9/28						A	T 69	12/11						8:20
B	24	10/1						B	W 70	12/12		X		NO NOTE		
A	25	10/2						A	R 71	12/13						
B	26	10/3						B	F 72	12/14		X		NO NOTE		
A	27	10/4	X			NOTE		A	M 73	12/17		X		NO NOTE		
B	28	10/5	X			NOTE		B	T 74	12/18		X		NO NOTE		
A	29	10/8						A	W 75	12/19				NO NOTE		
B	30	10/9						B	R 76	12/20	X					
A	31	10/10						A	F 77	12/21	X					
B	32	10/11						B	W 78	1/2						
A	33	10/12						A	R 79	1/3						
B	34	10/16						B	F 80	1/4						8:20
A	35	10/17						A	M 81	1/7						
B	36	10/18						B	T 82	1/8						
A	37	10/19						A	W 83	1/9						
B	38	10/22						B	R 84	1/10						
A	39	10/23						A	F 85	1/11						
B	40	10/24						B	M 86	1/14						
A	41	10/25						A	T 87	1/15						
B	42	10/26						B	W 88	1/16						
A	43	10/29														
B	44	10/30														
A	45	10/31														
B	46	11/1														

IED
IN
Home mark
present

IEP REVISION / REVIEW

A000000579

Student's Name: [REDACTED] Date: 1-7-02
 DOB: 88 School: Strong Vincent Teacher: Ms. Gray
 Program: Learning Support Current IEP date: 7-23-01
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐
 Change from SV to SECC Manifestation Determination ☐ Behavior Support Plan or
 Adjustment ☐ Other ☐

MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpersonal and self-related problem behaviors.

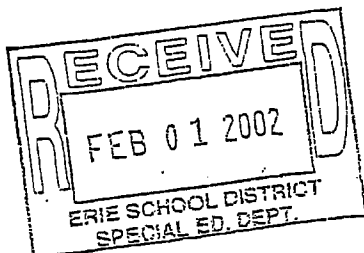
SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

OBJECTIVE / BENCHMARK: Develop consistent patterns of appropriate behavior through a program of therapeutic behavior support.

- EXPECTED LEVEL OF ACHIEVEMENT - a performance level system is used to increase expectations and responsibilities.
- EVALUATION SCHEDULE - daily and weekly
- METHOD OF EVALUATION - daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- SPECIALLY DESIGNED INSTRUCTION - Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

DEPOSITION
EXHIBIT

Signatures: Parent [REDACTED] MOORE #1
 Classroom Teacher [REDACTED]
 Special Education Teacher Mrs. Gray
 Principal [REDACTED]
 Other _____
 Other _____



A000000580

The School District of the City of Erie, Pa.

NOTICE OF RECOMMENDED ^{EDUCATIONAL} EVALUATION PLACEMENT

School Age

Date:

Name and Address of Parent:

Mrs. Mrs. Richard [redacted]

Student's Name:

[redacted]

I.D. #:

963479

S.S. #:

Dear

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

1. Action proposed or refused:

Samuel Reed Therapeutic Program for psychological/psychiatric evaluation and possible interventions.

2. Why the action is proposed or refused:

Student's current high degree of intensity of stress as recorded by the parents, student & Erie School District Staff. Intensity & frequency of therapeutic interventions exceed that which can be delivered in the regular school setting.

3. A. Description of any other options that were considered:

None

B. Reasons why these options were rejected:

NA

4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:

Information provided by the student, parents, ESD staff including Mental Health Staff

5. Other factor(s) relevant to proposal or refusal:

NA

The educational placement recommended for your child is:

Appropriate Grouping: PTLS

Level (%): 63%

Location:

Other: Therapeutic Support at Samuel Reed's Children's Center

Revised 02/00

E 000000420

Student Name: R. [REDACTED] R. [REDACTED] A000000581

Notice of Recommended Educational Placement

Page 2

School District Superintendent_____
Signature_____
Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

C. Moore

Name

Supervisor

Position

874-6050

Phone Number

DIRECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I **approve** this recommendation
☐ I **do not approve** this recommendation

My reason for **disapproval** is:

I request:

- ☐ A Pre-hearing Conference
☐ Mediation
☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

[Signature]
Parent's Signature1-18-02
Date_____
Daytime Phone

A000000582

MEMO

TO: MR. JAMES PIEKANSKI, SUPERVISOR OF SPECIAL EDUCATION
FROM: MRS. AUDREY PECORARO, CHILD STUDY DEPARTMENT
SUBJECT: REQUEST FOR SPEECH SERVICES
DATE: JANUARY 17, 2002

The following student has been assigned to attend the Sarah Reed Program at 1020 East 10th Street:

R [REDACTED] P [REDACTED]

D.O.B. [REDACTED] 88

ID# 963479

Parent: Richard Polancy

Address: [REDACTED]

Phone: 4 [REDACTED] cell 5 [REDACTED]

School: Strong Vincent

Grade: 7, LS

According to the Student Assignment Information, student is to receive Speech and Language Services 2%.

A request is made for student to receive the services at Sarah Reed. She will begin the program on 1/22/02.

Thank you for your consideration.

A000000583

I am requesting that my daughter
[REDACTED] be transferred to the
school district's Alternative Education
Program. I waive all rights to a hearing.

Shelley [REDACTED]

1-18-02

A000000584

Department of Pupil Learner Services
Child Study Office

Request For Home-School Visitor Service

Student ID # 96.3479
 Name of Child Ra [redacted] Pol [redacted] Birthdate 11-88
 Lives with Richard Address 732 [redacted]
(Name, Relationship)
 Phone 455 [redacted] Present School, Grade Strong Vincent 7^{LS} Regular ☐
 Date of Request _____ Principal's Signature Referral Special ☒
 EPD cell 572-6299

PROBLEM/REASON FOR REFERRAL:

Meet. HSV
Fri - 11:00

Intake
1/21/02 - 11:00
mon

Referral to Sarah Reed
by Marlene / Frank

Date received in Child Study _____ Assigned to: [signature]

REPORT OF HOME-SCHOOL VISITOR:

1/17/02 - Contact with parent. Intake will
be on 1/21/02 - 11:00 am.
HSV will go to home 1/18/02 at 11:00.

1-18-02 - HSV went to home. Mother had difficulty
remembering our appt. Apparently she is
heavily medicated & has memory problems.
Forms signed. Intake is scheduled for 1/21/02
at 11:00. Student will begin the program on
1/22/02

A000000585

p 54

MEMO * School District of the City of Erie, PA

TO: Mr. Frank Scozzie – Assistant to the Superintendent
Mrs. Charlise Moore - Supervisor, Special Education
Mrs. Marlene Chrisman – Supervisor, Special Education

FROM: Mrs. Audrey Pecoraro, Home/School Visitor

SUBJECT: PLACEMENT OF RACHEL POLANCY AT SARAH REED CHILDREN'S CENTER

DATE: January 17, 2002

R [REDACTED] P [REDACTED] DOB [REDACTED] 88, referred to Sarah Reed, Behavior Modification Program, Special Education Tract, from Strong Vincent High School, Grade 7 LS, is scheduled for the intake process at Sarah Reed on Monday, January 21, 2002 at 11:00 A.M. She will begin the program on Tuesday, January 22, 2002.

AP:cc

E 000000445

file
A000000586Special Education
TRACTReferral by
MR. Scollie,
MRS. Chrisman -
MRS. Mow.

NAME:

R. [REDACTED] P. [REDACTED]

DOB:

[REDACTED] 88

ADDRESS:

[REDACTED]

SCHOOL:

Strong Vincent gr. 7LS - 1/02

Returns gr. 8LS 4/02 - 8/02

1/21/02

Intake - 11:00 AM

1/22/02

Student to start Sarah Reed Alternative

6/7/02

Student has completed Sarah Reed Alternative
placement and will be returned to home school

Returns to Strong Vincent gr. 8LS

ADDITIONAL COMMENTS:

- Speech services have been requested.
- CER dated 12-18-95
- Two year Review - dated 3/2/98

A000000587

The School District of the City of Erie, Pa.

EDUCATIONAL

NOTICE OF RECOMMENDED EVALUATION PLACEMENT

School Age

Date: 1/15/02Name and Address of Parent: [REDACTED]Student's Name: Kristen L. [REDACTED]

I.D. #: _____

S.S. #: _____

Dear _____

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate a change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

1. Action proposed or refused:Temporary in home IEP 5 days Ending 22nd Jan**2. Why the action is proposed or refused:**not appropriate placement at this time**3. A. Description of any other options that were considered:****B. Reasons why these options were rejected:****4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:****5. Other factor(s) relevant to proposal or refusal:**

The educational placement recommended for your child is:

Appropriate Grouping: Small GroupLevel (%): 100%Location: 501 to Temporary in home IEP

Other: _____

**DEPOSITION
EXHIBIT**Moore #2

Page 2

Date.

Phone Number _____

Daytime Phone

A000000589

IEP REVISION / REVIEW

Student's Name: K. [REDACTED] [REDACTED] Date: 1-17-02
 DOB: [REDACTED] 8-9 School: Strong Vincent Teacher: Ms. Scully
 Program: LS Current IEP date: 8-29-2001
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐
 Change from SV to SRCC Manifestation Determination ☐ Behavior Support Plan or
 Adjustment ☐ Other ☐

MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpersonal and self-related problem behaviors.

SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

OBJECTIVE / BENCHMARK: Develop consistent patterns of appropriate behavior through a program or therapeutic behavior support.

- **EXPECTED LEVEL OF ACHIEVEMENT** – a performance level system is used to increase expectations and responsibilities.
- **EVALUATION SCHEDULE** – daily and weekly
- **METHOD OF EVALUATION** – daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- **SPECIALLY DESIGNED INSTRUCTION** – Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

Signatures: ✕ Parent Denise [REDACTED]
 ✕ Classroom Teacher Melissa Vallinont
 ✕ Special Education Teacher Mrs. Gray
 ✕ Principal Diana A. Cappabianca
 Other _____
 Other _____

A000000590

Department of Pupil Learner Services
Child Study Office

Request For Home-School Visitor Service

Student ID # 943020 [REDACTED]
 Name of Child K. [REDACTED] L. [REDACTED] Birthdate [REDACTED] 89
 Lives with D. [REDACTED] L. [REDACTED] Address [REDACTED]
(Name, Relationship)
 Phone 454-9685 Present School, Grade Str. V. 7 LS Regular ☐
 Date of Request _____ Principal's Signature _____ Special ☒

PROBLEM/REASON FOR REFERRAL:

W.F.

*Referral for Sarah Reed
by Marlene/Truck*

Date received in Child Study _____ Assigned to: A. P. [REDACTED]

REPORT OF HOME-SCHOOL VISITOR:

1-16-02 Contact with parent. She will come to Child Study 1/17/02 at 2:30 PM.

1-17-02 Parent came to Child Study
Forms signed

Matt will call with an Intake time

1-18- Intake is 1/21/02 - Monday at 3:00 PM. She begins the program on Wednesday 1/23/02

A000000591

I am requesting that my daughter,
K. [REDACTED] L. [REDACTED] be transferred to the Erie
School District's Alternative Education program
I waive All rights to A Hearing.

1/17/02
Denise [REDACTED]

A000000592
IEP REVISION / REVIEW

Student's Name: K. [redacted] L. [redacted] Date: 1-17-02
 DOB: 5-8-99 School: Strong Vincent Teacher: Ms. Scully
 Program: LS Current IEP date: 8-29-2001
 Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐
 Change from SV to SRCC Manifestation Determination ☐ Behavior Support Plan or
 Adjustment ☐ Other ☐

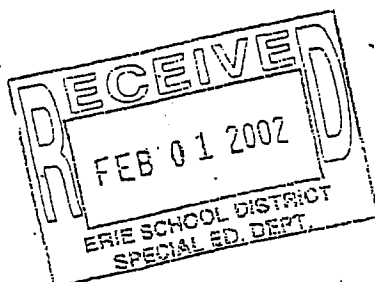
MEASURABLE ANNUAL GOAL: Identify appropriate solutions to interpersonal and self-related problem behaviors.

SHORT-TERM INSTRUCTIONAL OBJECTIVES OR BENCHMARKS:

OBJECTIVE / BENCHMARK: Develop consistent patterns of appropriate behavior through a program of therapeutic behavior support.

- **EXPECTED LEVEL OF ACHIEVEMENT** – a performance level system is used to increase expectations and responsibilities.
- **EVALUATION SCHEDULE** – daily and weekly
- **METHOD OF EVALUATION** – daily observations; charting of progress towards goals is communicated to the student as well as to the parents
- **SPECIALLY DESIGNED INSTRUCTION** – Consistent participation in social skills training and in counseling program as well as medication management. An individualized intervention plan will be developed in conjunction with IEP goals and objectives. Transition activities for the return to the home school are planned and carried out with a multidisciplinary team approach.

Signatures: Parent Denise [redacted]
 Classroom Teacher Melissa Belmont
 Special Education Teacher Mrs. Gray
 Principal Diana A. Cappabianca
 Other _____
 Other _____



A000000593

The School District of the City of Erie, Pa.

**EDUCATIONALLY
NOTICE OF RECOMMENDED EVALUATION PLACEMENT**

School Age _____

Date: 1-17-02Name and Address of Parent: [Redacted]Student's Name: [Redacted]I.D. # 943020

S.S. # _____

Dear _____

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

1. Action proposed or refused:

Smith Reed Therapeutic Program for psychological/psychiatric evaluation
& possible intervention.

2. Why the action is proposed or refused:

1. Student's current high degree and intensity of stress as recorded
by parents, student and the Erie School District staff.
Intensity/frequency of therapeutic intervention exceed that which can
be delivered in the regular school setting.

3. A. Description of any other options that were considered:

None

B. Reasons why these options were rejected:

NA

4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:

1. Verbal sharing at discharge summary from Mental Health Millcreek Comm.
2. Information provided by the student, parent, ESD staff including
Mental Health staff.

5. Other factor(s) relevant to proposal or refusal:

NA

The educational placement recommended for your child is:

Appropriate Grouping: DTLSLevel (%): 100%

Location: _____

Other: Therapeutic. Discharge at Smith Reed Therapeutic Program.

A000000594

Student Name: K. [REDACTED] L. [REDACTED]

Notice of Recommended Educational Placement

Page 2

School District Superintendent_____
Signature_____
Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

C. Moore

Name

Supervisor

Position

874-6050

Phone Number

DIRECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I **approve** this recommendation
☐ I **do not approve** this recommendation

My reason for **disapproval** is:

I request:

- ☐ A Pre-hearing Conference
☐ Mediation
☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

D. [REDACTED]

Parent's Signature

1/17/02

Date

Daytime Phone

A000000595

Special Education
TRACT

Referral by Mr. Scozzie,
Mrs. Moore +
Mrs. Christman

NAME: Kristina L [REDACTED]

DOB: [REDACTED] -89

ADDRESS: [REDACTED]

SCHOOL: St. Vincent gr. 7/5

1/21/02 Intake - 3:00 PM

1/23/02

Student to start Sarah Reed Alternative

Student has completed Sarah Reed Alternative
placement and will be returned to home school

ADDITIONAL COMMENTS:

CER dated 5-15-95

2 yr. Recorl. dated 5-1-00